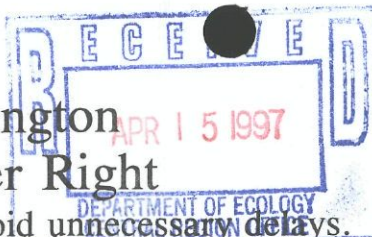




State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



Paid CR # 4345  
For Ecology Use  
Fee Paid 20.00  
Date 4/15/97

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name JACOB WEISS / Jack Harris Home Tel: (360) 779 - 7309  
Mailing Address 29794 HUDSON AVE Work Tel: ( ) - NA  
City POULSBORO State WA Zip+4 98370 + FAX: ( ) - NONE

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name GARY WEEKS Home Tel: (206) 527 - 1410  
Mailing Address 3909 49th NE Work Tel: ( ) -  
City SEATTLE State WA Zip+4 98105 + 5252 FAX: (206) 522 - 2594  
Relationship to applicant NEXT DOOR NEIGHBOR; PURCHASED PROPERTY FROM WEISS'

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 0.31 AVE (0.01 cfs) <sup>102</sup> (X gallons per minute or  
☐ cubic feet per second) from a X surface water source or ☐ ground water source (check only one) for the  
purpose(s) of DOMESTIC SINGLE FAMILY SUPPLY ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is  
not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 0.50

☒ NA Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be  
needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for _____ well(s).		
Number of diversions: ONE								
Source flows into (name of body of water): (LAKE WENATCHEE)						Size & depth of well(s):		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		14	27	16	CHELAN	5	15	MOUNTAIN PARKS SUMMER HOMES
For Ecology Use Date Received: 4-15-97 Priority Date: 4-15-97								
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #								
Date Accepted As Complete By Date Returned By WRIA: 45								



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NO NAME : PRIVATE RESIDENCE FOR APPLICANT
- B. Briefly describe your proposed water system. (See instructions.)  
WATER WILL BE DRAWN THROUGH A ONE INCH N.S.F. APPROVED (NON-CORRODING) PIPE WHICH WILL BE POSITIONED AT THE BOTTOM OF THE LAKE WITH AN INLET APPROX. 50' FROM SHORE. A "PUMP ROOM" WILL BE LOCATED IN THE BASEMENT OF A PROPOSED NEW HOME, THE PUMP WILL BE APPROX 1 HP. THE WATER WILL BE FILTERED PRIOR TO DISTRIBUTION THROUGHOUT THE HOUSE
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: ONE Type of connection HOME (ONE)  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: NA
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

APPROX. 14 MILES FROM LEAVENWORTH TOWARD STEVENS PASS ON ROUTE 2  
IS ROUTE 207. TAKE ROUTE 207 APPROX 10 MILES TO THE "COUGAR INN".  
AT THE COUGAR INN TURN LEFT ONTO N. SHORE DRIVE. PROCEED 1/4 MILE  
ON N. SHORE DRIVE, THE SITE IS VACANT NOW & DOES NOT HAVE AN  
ADDRESS BUT IT IS THE 50' WIDE WATERFRONT LOT EAST (AND ADJACENT TO)  
17887 ADDRESS (WHICH IS MARKED).

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

x Joseph Weiss  
Applicant (or authorized representative)

4/2/97  
Date

SAME  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____(date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).